

Readoption Review

INDIANA DEPARTMENT OF HEALTH 410 IAC 1-2.5. Disease Reporting and Control

IC 4-22-2.5-3.1(c) requires an agency to conduct a review to consider whether there are alternative methods of achieving the purpose of the rule that are less costly or less intrusive, or that would minimize the economic impact of the proposed rule on small business.

Description of Rule:

The rule gives the Indiana Department of Health (IDOH) authority to require that physicians, hospital administrators, and laboratories report confirmed or suspected cases of communicable diseases of public health significance as determined by the State Health Commissioner. The rule specifies the required time frame for reporting for each disease condition. The rule assigns responsibility for epidemiologic investigation and implementation of control measures for most disease conditions to the local health officer. The rule requires that information obtained for purposes of communicable disease reporting and control be kept confidential and specifies penalties for violations.

Readoption Analysis:

1) Is there a continued need for this rule? Please explain.

Yes. Prompt reporting of communicable diseases of public health significance to the State by physicians, hospital administrators, and laboratories enables timely implementation of control measures, preventing morbidity and mortality among Indiana residents.

2) What is the nature of any complaints or comments received from the public, including small business, concerning the rule or the implementation of the rule by the agency?

The burden of communicable disease reporting primarily falls to physicians, hospital administrators, and laboratories, and the burden of epidemiologic investigation and implementation of control measures primarily falls to local health departments. The benefits of this long-standing rule are well understood and accepted by these entities.

Members of the public occasionally report privacy concerns associated with communicable disease reporting. Because disclosure of personally identifiable information (PII) is required to conduct epidemiologic investigations and implement control measures, privacy concerns are addressed by limiting reporting of disease conditions only to those of public health significance, stating specifically to whom they must be reported, and by requiring that PII collected under this rule be kept confidential.

3) Examine the complexity of the rule, including difficulties encountered by the agency in administering the rule and small businesses in complying with the rule.

The rule is complex due to the number and variety of applicable disease conditions; the diverse nature of reporting entities; and the interaction between this rule and other rules regulating reporting and confidentiality for certain specific disease conditions (e.g., tuberculosis or HIV).

While the rule requires physicians, hospital administrators, and laboratories to report confirmed or suspected cases of communicable diseases, there is no penalty for non-compliance or other mechanism for enforcement. The rule also does not include a requirement that reporting entities provide information electronically. While this makes it easier for reporting entities to comply, receipt of communicable disease reports by fax presents a heavy administrative burden for IDOH.

4) To what extent does the rule overlap, duplicate, or conflict with other federal, state, or local laws, rules, regulations, or ordinances?

The Council of State and Territorial Epidemiologists (CSTE) recommends that state health departments report cases of communicable diseases of public health significance to the Centers for Disease Control and Prevention (CDC) National Notifiable Diseases Surveillance System (NNDSS). While this is not required by federal law, voluntary compliance enables CDC officials to understand the burden of certain diseases throughout the United States, which benefits Indiana residents. This rule enables IDOH to comply with CSTE recommendations for disease reporting.

5) When was the last time the rule was reviewed under this section or otherwise evaluated by the agency, and the degree to which technology, economic conditions, or other factors have changed in the area affected by this rule since that time?

Review for this rule was last initiated in 2019, when IDOH requested approval to remove the lists of reportable disease conditions for physicians/health administrators and laboratories that had historically appeared within the rule and to replace them with an external reference to a list of reportable disease conditions to be maintained and regularly updated by the State Health Commissioner. While this change was approved and an interdivisional IDOH working group was making steady progress on the revision, completion of the revision was stalled by the COVID-19 pandemic.

The occurrence of the COVID-19 pandemic perfectly illustrates the advantage of the pending rule revision, which was intended to allow IDOH to be more nimble in updating reporting requirements for emerging infectious disease conditions. The COVID-19 pandemic also highlighted the challenges in implementation of this rule, as it required a major investment of IDOH resources to bring multiple new reporting entities into compliance with this rule during the pandemic.

Last reviewed on July 21, 2021